Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternati Contractor: <u>Nurses I</u> Subcontractor: <u>N/A</u>	for Newborns			
Please enter below to item to be purchased purchased provided	d, cost for the item, and tl	tem/service to be he justification. Ite	purchased. List the date of purchase, ems must be approved before	
Client Name:		_ Date	Enrolled: 4-14-16	
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted	
3/14/17 Ca	ar repair	176387	mom needs car For work+ medical apts.	
AMOUNT TO BE RE	EIMBURSED			
Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only! Thank you.				
Authorized person requesting purchase:				
Approved for purchase: May Makt Date 3/20/17				
Purchase denied:Date				
Reason for denying purchase:				



ALTERNATIVES TO ABORTION PROGRAM

Assistance Request

approval and submission.	a una must be completed entirely for timely
DATE: 3 /4///7 CLIENT NAME:	
The above named client is requesting assistance throu	igh NFN's ATA Program for the following:
Rent (if new request, a W-9 and Lease MUST accompany this form)	Transportation (if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)
Utility (if Ameren, provide account number and account holder's name; if Laclede, provide bill)	Other (Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)
Landlord/Utility/Other NAME:	Ke Car Servico
	NG: \$ AMOUNT REQUESTED: \$
2 Ag	(must list at least three): ency Representative: ency Representative: ency Representative:
I understand this is a one-time payment. This assistand baby or in keeping your child on target developmenta Individualized Pregnancy Continuation Plan (IPC) this bill in the future.	
	(date)
Kathybutman	3/14/17
(RN signature)	(date)
IPCP Completed/Submitted:(initial)	Budget Form Completed:(initial)
Date Received:Da	te Pledged/Submitted for Payment:

ATTENTION
MEGAN

Estimate:

033859

Meineke

MEINEKE #392 10617 NEW HALLS FERRY FERGUSON, MO 63136 (314)388-1181

MARY PITTMAN

145 GLEN GARRY RD

**** Service Quote ****

1999 DODGE-RAM TRUCK DURANGO

Estimate Created 3/14/2017 @ 2:44:49 PM

Phone: (H) () -

(W) () -

(Cell) (314) 478-8584

W. C.					,, , ,	
License'ID:	Q212440 /	1B4HS28Z6XF570732 Odometer:	0 Eng.	V8-360 5.9L		
Comment:					Color:	
Salesman	Note:	*				
** A/D Qty	Part #	Description	Wa	arranty	Price Discount	Total
Ride Contro	ol					
A 1.00	56497	spindle right front			264.20	264.20
A 1.50	LABOR	Front Spindle			90.00	135.00
						399.20
Ticket						
A 0.00	MEMO	Vehicle towed in, customer claims that she was driving	ng			
		and the pedal went to the floor the tow truck driver wa				
		that the winched vehicle due to having no brakes. Ch	heck			
	D'	and advise			0.00 (50.00)	(50.00
A 1.00	Discount	\$50.OFF COUPON			0.00 (30.00)	
						-50.00
Brakes	NEW AND RESIDEN					40.00
A 1.00	PCD746	Front Ceramic Pads			79.99 (39.99)	40.00
A 2.00	BR5382	Front Disc Brake Rotor			74.99	149.98
A 1.00	18-4704	Front Right Caliper With Hardware			81.52	81.52
A 1.00	W17507	Rear Left Wheel Cylinder			28.53	28.53
A 1.00	M134437	Master Cylinder			262.75	262.75
A 1.00	LABOR	Remove & Install and Overhaul Caliper - One Side, F			90.00	90.00
A 2.20	LABOR	Remove & Install and Overhaul Wheel Cylinder - Rea Both	ar,		90.00	198.00
A 0.70	LABOR	Remove & Replace Master Cylinder			90.00	63.00
A 1.30	LABOR	Remove & Replace Power Brake Booster			90.00	117.00
A 1.00	54-71902	Power Brake Booster Without Master Cylinder			261.20	261.20
						1,291.98
Brakes						
D 1.00	Z776	Rear New Brake Shoes			0.00	0.00
D 1.30	LABOR	Brake Booster			0.00	0.00
						0.00

Estimate:

033859

MEINEKE #392

10617 NEW HALLS FERRY FERGUSON, MO 63136 (314)388-1181			
MARY PITTMAN **** Service Quote ****			
1999 DODGE-RAM TRUCK DURANGO Estimat	le Created	3/14/2017 @	2:44:49 PM
145 GLEN GARRY RD	Phone:	6000 CO.	
License/ID: Q212440 / 1B4HS28Z6XF570732 Odometer: 0 Eng: V8-36	0 5.9L	(00.1) (01.4) 47.0-	
Comment: Salesman Note:	-	Color:	
** A/D Qty Part # Description Warranty		Price Disco	ount Total
Date Promised Payment Cash Check Charge Additional person who may authorize work: Phone: Phone: Flat Rate Hourly Rate Both Save old parts? Yes No Charge for estimate: \$ Reassembly charge if repaires cancelled \$			
PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FII I REQUEST A WRITTEN ESTIMATE I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL I DO NOT REQUEST A WRITTEN ESTIMATE Total Savings: \$89.99			
Total Gavings. #09.99			
A#Accepted D=Dedined	5	Parts: Labor; Shop Supplies: Subtotal: Sales Tax:	1,088.18 603.00 24.99 1,666.17 97.70

Total: \$1,763.87

Customer Signature: